



Idaho Healthcare Coalition

Meeting Agenda

November 14, 2018 2:00PM – 4:30PM

JRW Building (Hall of Mirrors)
First Floor, East Conference Room
700 W State Street, Boise, Idaho

Call-In Number: 1-877-820-7831; Participation Code: 773079

Join from PC, Mac, Linux, iOS or Android:

<https://zoom.us/j/463737800>

2:00 p.m.	Opening remarks; roll call; introduce any new members, guests, any new IDHW staff; agenda review; and approval of meeting minutes – <i>Dr. Ted Epperly, IHC Co-Chair</i> ACTION ITEM
2:05 p.m.	Proposition 2 Update – <i>Lori Wolff, Deputy Director</i>
2:15 p.m.	HTCI Business Case – <i>Dr. Ted Epperly & Dr. David Pate</i> ACTION ITEM
2:35 p.m.	HTCI Membership Discussion – <i>Katie Falls, Mercer & Casey Moyer, SHIP Operations</i> ACTION ITEM
2:50 p.m.	Roles of Subcommittees and Workgroups – <i>Katie Falls, Mercer & Dr. Jeanene Smith, HMA</i>
3:10 p.m.	Break
3:30 p.m.	Change Management Workshop Report Out – <i>Kym Schreiber, SHIP Operations</i>
3:40 p.m.	PCMH Reimbursement Update – <i>Kym Schreiber, SHIP Operations</i>
4:00 p.m.	Boise State University PCMH Portal Update – <i>Lillian Smith, Boise State University</i>
4:20 p.m.	HQPC Update – <i>Dr. Ted Epperly</i>
4:25 p.m.	IHDE Update – <i>Brad Erickson, IHDE Executive Director</i>
4:30 p.m.	SHIP Operations and Advisory Group reports/ Updates - Please see written report (SHIP Operations and IHC Workgroup reports): <ul style="list-style-type: none">• Presentations, Staffing, Contracts, and RFPs status – Casey Moyer, IDHW• Regional Collaboratives Update - Madeline Russell, IDHW• Telehealth, Community Health EMS, Community Health Workers - Madeline Russell, IDHW• Data Governance Workgroup - Dr. Andrew Baron, Terry Reilly and Janica Hardin, Saint Alphonsus, Workgroup Chairs• Multi-Payer Workgroup - Norm Varin, PacificSource and Dr. Kelly McGrath, Workgroup Chairs• Behavioral Health/Primary Care Integration Workgroup - Ross Edmunds, IDHW and Dr. Charles Novak, Workgroup Co-Chairs• Population Health Workgroup - Elke Shaw-Tulloch, IDHW & Nikki Zogg, Southwest Public Health District, Workgroup Chairs• IMHC Workgroup – Dr. Scott Dunn, Family Health Center and Matt Wimmer, IDHW Workgroup Chairs
4:30 p.m.	Additional business & next steps - <i>Dr. Ted Epperly</i>
4:30 p.m.	Adjourn

Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs).

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical-health neighborhood.

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical-health neighborhood.

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

Goal 7: Reduce overall healthcare costs



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC October Minutes **DATE:** October 10, 2018
ATTENDEES: Ross Edmunds, Lisa Hettinger, **LOCATION:** 700 W State Street, 1st
Jedd Smith as proxy for Dr. Floor East Conference
James Lederer, Casey Moyer, Room
Dr. David Pate, Dr. Kevin
Rich, Dr. Rhonda Robinson-
Beale, Elke Shaw-Tulloch,
Mary Sheridan, Larry Tisdale,
Norm Varin, Jennifer Wheeler,
Matt Wimmer

Teleconference: Michelle Anderson, Melody
Bowyer, Pam Catt-Oliason,
Russell Duke, Janica Hardin,
Dr. Mark Horrocks, Yvonne
Ketchum-Ward, Deena LaJoie,
Maggie Mann, Nicole McKay,
Carol Moehrle, Dr. David
Peterman, Susie Pouliot, Geri
Rackow, Karen Vauk, Lora
Whalen, Nikole Zogg

Members Absent: Dr. Andrew Baron, Russ
Barron, Kathy Brashear,
Melissa Christian Dr. Keith
Davis, Dr. Scott Dunn, Dr. Ted
Epperly, Lee Heider, Drew
Hobby, Dr. Glenn Jefferson,
Amy Mart, Dr. Kelly McGrath,
Casey Meza, Daniel Ordyna,
Tammy Perkins, Neva Santos,
Dr. Boyd Southwick, Dr. Fred
Wood

IDHW Staff Kevin Grant, Meagan Graves,
Madeline Russell, Stacey
St.Amand, Ann Watkins,
Cynthia York

STATUS: Draft 10/11/2018

Summary of Motions/Decisions:

Motion:

Ross Edmunds moved that the IHC accept the September 12, 2018 IHC meeting minutes as amended.
Elke Shaw-Tulloch seconded the motion.

Outcome:

Passed

Jennifer Wheeler moved that the IHC support and adopt the Beneficiary and Member Attribution Report as presented by Katie Falls from Mercer.
Mary Sheridan seconded the motion.

Passed

Norm Varin moved that the IHC support and adopt the amended Healthcare Transformation Council of Idaho (HTCI) charter as presented.
Dr. Rhonda Robinson-Beale seconded the motion.

Passed

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes – *Lisa Hettinger, IHC Co-Chair*

- ◆ Lisa Hettinger welcomed everyone to the meeting and took roll. She opened the meeting with a quote from Charles Darwin, “In the long history of humankind (and animal kind, too) those who learned to collaborate and improvise most effectively have prevailed.”

Beneficiary and Member Attribution Report – *Katie Falls, Principal, Mercer*

- ◆ Katie Falls presented this report which highlighted payer financial and enrollment metrics for goal 6 through award year three (AY3). Highlights include:
 - Payers continued to move away from Fee-For-Service (FFS) and toward value-based payment.
 - In addition to the PCMH model of care, payers are testing alternative models including ACOs.
- ◆ To measure progress, the baseline of CY2015 data was compared to CY2016 and CY2017 data. Tables of percentage of beneficiaries per category and percentage of payments per category for each year can be found in the IHC packet. Analysis showed that:
 - In CY2017, all payer types remained consistent in their assignment of beneficiaries to value-based payment arrangements with incentives for providers based on quality and value. Gain-sharing, risk-sharing and population-based payments were completing their second year in the Medicare and commercial settings and additional assignments were relatively consistent for new membership. While membership attribution remains strong, payments were still primarily FFS. However, the CY2017 data improved slightly, driven by commercial and Medicare.

Healthcare Transformation Council of Idaho (HTCI) Charter Update – *Dr. David Pate, President/CEO St. Luke's Health System*

- ◆ Based on feedback received during the September IHC meeting, the following revisions have been made to the HTCI charter:
 - The membership has been increased from 23 members to 25 members. The three at-large members will be maintained.
 - A representative of Nursing Leaders of Idaho has been included in the membership.
 - A representative of behavioral health has been included in the membership.
 - Five payers will be comprised of three private payers, Medicaid and one self-funded.
 - Rather than one chair, there will be two, governor-appointed, co-chairs.
 - Spots for oral health and legislators will be designated as guests and/or on workgroups.

Healthcare Transformation Council of Idaho Timeline Update – *Katie Falls, Principal Mercer*

- ◆ At the November IHC meeting, the Transformation Sustainability Workgroup (TSW) will present for consideration and approval the HTCI business case and any additional membership changes.
- ◆ At the December IHC meeting, a revised business case will be presented.
- ◆ In January, the focus will be on closing out the SIM grant and evaluation and conclusion of the SHIP grant. There will be a transition to HTCI at that meeting.

SHIP Legacy Project Update – *Casey Moyer, SHIP Operations*

- ◆ The Centers for Medicare and Medicaid Innovation (CMMI) wants to know what the legacy of the SHIP initiative will be. They have requested a project that can be leveraged by other states to determine our achievements and lessons learned.
- ◆ SHIP is working on a micro-website that will be a dynamic site that lives atop our existing site. It is being designed so that within two clicks, a broad audience of users will be able to find what they need.
- ◆ The website will exist for at least five years and will archive 15 to 20 important items for each of SHIP's seven goals.
- ◆ We have received strong support from CMMI for this project.

Regional Collaborative Survey Finalization – *Madeline Russell, SHIP Operations*

- ◆ Madeline Russell presented a matrix based on each RC's transition plan and their specific focus areas.
- ◆ An electronic version of the full survey report can be found on the SHIP website.

Medicaid Expansion Initiative Update – *Lisa Hettinger, IHC Co-Chair*

- ◆ Lisa Hettinger presented information on Proposition 2 – the Medicaid Expansion initiative on the November sixth ballot.
- ◆ The IDHW, by law, does not have a position on this initiative.

- ◆ The IDHW website banner features a link to the “Medicaid Cost Report,” which takes the user to the Milliman Report of *Financial Impacts from Medicaid Expansion in Idaho*. The link also includes frequently asked questions.

Office of Healthcare Policy Initiatives (OHPI) – Casey Moyer, SHIP Operations

- ◆ Casey Moyer presented a history of the OHPI and its role in administering the SIM grant and supporting the IHC.
- ◆ Going forward, OHPI’s role is anticipated to be that of supporting HTCI and its workgroups and committees; working to support IDHW’s nine different divisions’ policy initiatives; and developing funding for OHPI and acting as a convener of initiatives OHPI brings to Idaho.
- ◆ The Department has completed a request to the governor’s office for seven full-time positions.
- ◆ Templates for letters of support for HTCI and OHPI are available to anyone who would like to write one to the governor, legislators, or a “to whom it may concern,” that OHPI could keep on file. Contact Lisa Hettinger or Casey Moyer if you would like copies of the four different templates.

Additional Business and Next Steps- Lisa Hettinger, IHC Co-Chair

- ◆ There being no further business, the meeting was adjourned at 4:00PM.

Business Case for the Healthcare Transformation Council of Idaho

To successfully transform Idaho's healthcare system, we need strategies that are based on the input of multiple stakeholders who have a thorough understanding of the values and culture of our State. This is the mission of the Healthcare Transformation Council of Idaho (HTCI). **The HTCI convenes Idaho stakeholders with a wide range of healthcare delivery system expertise and experience, who work together to champion accessible, high-quality, affordable health.** The Council is comprised of payers, providers, healthcare associations, government agencies, and a healthcare "consumer" community member. Together, the Council members embrace Idaho's values and culture in their work to transform our State's health and healthcare through Idaho solutions.

Background and Vision: Idaho's Healthcare Delivery System is Ready for Change

For decades, Idaho's healthcare system has been focused on quantity, not quality. Healthcare costs are straining the budgets of the State, private businesses, and Idaho families. Healthcare services are fragmented and often duplicated. Cost of care does not always equate to an improved or desired health outcome. Our State faces severe workforce shortages across healthcare professions. The result is ever-rising healthcare costs and an unequal distribution of healthcare resources across the State that creates inequities in healthcare access and health outcomes.

In 2007, Idaho stakeholders initiated a vision to shift the healthcare delivery system from rewarding volume to rewarding value, which would improve access to care, decrease costs, and promote better health. From 2013 to 2018, stakeholders developed and implemented this vision from the roadmap described in the State Healthcare Innovation Plan (SHIP). Through a federal State Innovation Model (SIM) grant, stakeholders evolved and expanded the team-based model of primary care — the Patient-Centered Medical Home (PCMH). The PCMH works by coordinating care across teams of providers and addressing multiple needs of patients and their families to improve their health. SHIP also worked to connect entities in the medical-health neighborhood and enhanced critical health information technology infrastructure. Idaho's SHIP efforts successfully lowered the cost of healthcare by \$93 million over four years.

This success is due, in part, to understanding the values and culture of our State, setting realistic expectations, and garnering the commitment of healthcare system stakeholders and innovative leaders. As Idaho plans for the next stages of change, the thoughtful, realistic approach embraced by SHIP will continue through the work of the HTCI. The approach and strategies of the Council will identify barriers and opportunities for change, promote strategies to address obstacles, implement new activities to further advance transformation, and, as always, maintain flexibility at every level to shift strategies when needed.

HTCI Membership

The HTCI will allow all stakeholders to come together to sustain the good work underway and continue healthcare transformation. The HTCI's 25 stakeholder members and co-chairs are appointed by the Governor. The Council members will apply their broad and varied expertise in health and healthcare delivery to guide Idaho's healthcare transformation. Members include:

- **Payers.** HTCI membership includes three of Idaho's private payers, as well as self-funded plans and Medicaid. HTCI will engage payers as strong partners in Idaho's efforts for delivery system transformation and will provide a venue to coordinate the payer community within the dynamic and changing healthcare finance environment.

- **Clinicians.** HTCI will include representatives from medical/surgical sub-specialists, behavioral health, and primary care who bring the key “on-the-ground” views of clinicians who see patients and their families every day.
- **Hospitals.** The voice of the hospitals, including one each from a health system, a non-critical access community hospital, and a critical access hospital, will be an important component of the HTCI.
- **Associations.** Idaho’s medical association, hospital association, nursing association, primary care association (which represents community and rural health centers) and family physicians’ academy will bring additional perspectives from a variety of clinical settings throughout the State.
- **Public health districts.** A representative from the local public health districts will provide expertise in community health and the behaviors and factors that significantly influence a person’s or populations’ health status.
- **Consumer member.** Brings the person-centered perspective of those seeking care and navigating our “fractured system.” Their presence helps ensure that solutions will benefit all residents of Idaho.
- **Idaho’s Department of Health and Welfare (IDHW).** IDHW is a key member of HTCI, as well as a sponsor of its work. IDHW’s strategic objectives align with the work of the Council to transform Idaho’s healthcare delivery system to promote healthier Idahoans.

HTCI Works to Improve Outcomes and Care for all Idahoans

- The HTCI will develop strategies to promote health equity for all Idahoans, not just Medicaid participants or those with chronic conditions or complex health needs. Using accurate and timely data and information, the initiatives will be outcome-oriented and time-defined. The HTCI’s work will: Span across payers, recognizing that the same healthcare delivery system serves all Idahoans across Medicaid, Medicare, and private payers. The same system must also serve the uninsured.
- Examine how to influence environmental, cultural, and social factors that will improve people’s health outside the clinic or hospital walls by integrating the work of the local health districts and State public health into the delivery system transformation.
- Address Idaho’s healthcare workforce shortages through new workforce models involving community health, emergency medical services and telehealth. Improving the community-based healthcare workforce will enable Idahoans to receive quality care and stay healthier, which will reduce the need for expensive emergency room visits or institutional services.

HTCI’s Functions

The HTCI will:

- Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.
- Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.
- Serve as a convener of a broad-based set of stakeholders.
- Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.
- Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.

- Recommend and promote strategies to reduce overall healthcare costs.
- Utilize accurate and timely data to identify strategies and drive decision-making for healthcare transformation.
- Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.
- Promote whole-person integrated care, health equity, and recognize the impact of social determinants of health.
- Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.
- Promote efficiencies in the collection, measuring, and reporting of quality metrics.

How HTCI Will Conduct its Work

The Council will engage with healthcare stakeholders and experts to build partnerships that drive organizational and statewide policy changes to achieve healthcare transformation. Council members will also provide in-kind support through their participation.

Starting in 2019, HTCI will hold public meetings at least quarterly and will produce regular reports that will be important in future iterations of healthcare policy and programs for Idaho. Staffing and administrative support for the Council and its workgroups will be provided by the IDHW's Office of Healthcare Policy Initiatives (OHPI). This will involve providing support for HTCI meetings, gathering data, policy, and program information, and providing support for other activities to ensure the HTCI is able to assess and advise Idaho transformation efforts.

The HTCI members will identify strategies and initiatives, including any needed workgroups, and will identify success measures. Regular communication by HTCI will ensure transparency and report on the progress of Idaho's delivery system transformation.

The Council will also assess the sources of support for the work, which will involve seeking private and/or government investments, grants, shared savings, and other possible funding streams. Additional advisory or technical committees may be established as needed to focus on specific healthcare transformation efforts. While some efforts may require funding or legislative actions, some approaches might require collaboration and cooperation across the delivery system. By involving representatives from across the healthcare delivery system, the HTCI will have the bandwidth to drive the needed changes.

Everyone around the HTCI table has a stake in the success of transformation.



HTCI Planning

Questions

1. What three (3) things do you think the HTCI needs to pay particular attention to as we work to transform Idaho's healthcare delivery system? From your perspective, what will most move Idaho's transformation forward?
2. What are the biggest opportunities in your area that the HTCI can impact?
3. What are key barriers that the HTCI needs to be aware of as we promote transformation?
4. What should the HTCI consider recommending to help overcome those barriers?

Effectively Leading Change October Workshops



Post Falls

Boise

Idaho Falls

Pocatello

- 4 sessions statewide
- Averaged 9 attendees per session

Roles represented by those attending

- Transformation Leads and Officers
- Care Managers
- Clinic and Grant Administrators
- Project Leads
- Clinic Leads
- Patient Service Representative Supervisor



Effectively Leading Change October Workshops

Topics Covered

- What is Change Management?
- Change Commitment & Change Resilience
- Identifying Stakeholders
- Assessing the Change
- Creating a Change Team





- Creating a Change Vision
- Creating a Change Plan
- Communicating Change
- Identify and Manage Resistance
- Sustain Momentum



Effectively Leading Change October Workshops

Feedback and Key Takeaways

Communication is key – a lot of good strategies to inform all staff

Great tools to organize change projects

Great to share and learn from other clinics on what has worked for them

All topics were extremely instructive

Change Management has to start early

Learned a lot about planning and strategies for implementing OCM

Great strategies to manage resistance



3

PCMH Accreditation Reimbursement

- \$5,000.00 per clinic
- Obtainable by any participating SHIP practice that achieves PCMH accreditation (national or Oregon)
- Certificates must be submitted to IDHW or Brilljent no later than January 25, 2019



Post SHIP: Supporting Healthcare Transformation

LILLIAN SMITH, DRPH, MPH

DEPARTMENT HEAD OF COMMUNITY & ENVIRONMENTAL HEALTH

BRIAN YOUNG, MSIT

DIRECTOR, ONLINE BAPH



Overview

- Idaho Statewide Healthcare Innovation Plan (SHIP)
 - Patient Centered Medical Home
 - Electronic Medical Records
 - SHIP Transformation Portal
 - Multimedia content (trainings, webinars, online resources)
 - Project Management Site
 - Toolkits
- Develop a Learning Resource Site (LRS)



Process

- 1) Review materials:
 - 135 assets from pre-existing content
 - Reviewed by staff and graduate students
- 2) Consulted Team of Subject Matter Experts (SMEs)
 - Worked on SHIP and represent different Disciplines
 - Recommended audience and level of user
- 3) Relevance to academic disciplines
 - Each area within CEH (HIIM, HEP, Public Health, Health Studies, Pre-Professionals)
 - Competency Crosswalk and Gap Analysis



Learning Resource Site

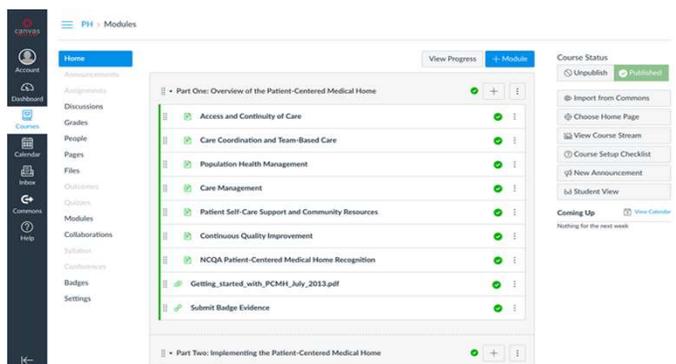
Canvas

Learning Management System (LMS)

- Courses, training materials
- Registration and transcripts
- Spaces for discussions and communities of practice

Content Management System (CMS)

- Basic information
- Links to other sites and partners



Business Plan

1. Subscription Service

- Graduated structure based on size
- Available to all SHIP participants, free for the first year

2. Host training for other entities

3. Integrate with the Treasure Valley Health Career Council

Highly qualified health workers support the State's population health improvement goals

- Healthcare Sector Career Pathways Model
- Evidence Based Coaching Model
- ETS Behavioral and Interest Assessments
- SkillsFirst Platform (Cloud-based solution)



Contact Us

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Brian Young, MSIT
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Questions...

IHDE - SHIP Update - November 14, 2018

SHIP Cohorts

155 of 166 clinics

connected or projected by Jan 31, 2019
(includes ECW clinics that have one
connection still pending)

99 Fully Bi-Directional Now

Customer Visits

>150 Clinic Visits

(90 Required by 1/31 per contract)

>40 Hospital Visits

Driving Connectivity

Training

178 New Users

14 On-Site trainings

Including several St. Luke's Depts,
Bingham, Madison and Valor CAH's

Hospital Connections

9 Hospital Systems Connected
(19 Individual Hospitals)

All Critical Access Hospital's
(CAH's) contacted about connecting
- Strong interest; concerns over cost



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition November 14, 2018

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**

- A request for release of Award Year 3 carryover funds was submitted for one additional Telehealth grant recipient.
- A request for release of Award Year 3 carryover funds was submitted for DMS for the SHIP Legacy Project.
- A request for release of Award Year 3 carryover funds was submitted for two data analytics projects through the Division of Public Health.
- Three requests for release of Award Year 3 carryover funds were submitted for facilitation services from the Langdon Group.
- A request for release of Award Year 4 funds was submitted for out of state travel by OHPI staff to attend the ONC Annual Meeting and SIM interoperability discussions in November 2018.
- A request for release of repurposing of funds for Award Year Three and Award Year Four funds was submitted for the University of Idaho WWAMI* Project ECHO.

*Washington, Wyoming, Alaska, Montana, Idaho

SHIP Administrative Reporting:

- **Report Items:**

- The Idaho Healthcare Coalition (IHC) Transformation Sustainability Workgroup (TSW) met on October 4, 2018 and October 25, 2018.
- The Goal 1 PCMH Mentorship webinar on oral health was held on October 17, 2018.
- Phase II of the SHIP portal transition archival project through Boise State University was approved by CMMI.
- *Effectively Leading Change* Workshops were held for SHIP cohort clinics in Idaho Falls, Pocatello, Post Falls and Boise during October.
- Casey Moyer attended the Healthcare Payment Learning Action Network (LAN) Conference in Arlington, Virginia October 22-24, 2018.
- A three-part webinar series on Medication Adherence was offered in October to CHEMS, CHWs and SHIP clinic participants.

Regional Collaboratives (RCs):

- **Report Items:**

- **District 1:** RC meeting 9/26/18. Regularly scheduled meeting.
- **District 2:** Awaiting Doodle poll results to schedule next available date for RC2 meeting.
- **District 3:** There were no RC meetings in Sept. (BHI on 10/1, Oral Health on 10/4, and ED Utilization Summit on 8/28).
- **District 4:** Central Health Collaborative (CHC) meeting held on 08/07/18. Russ Duke, Dr. Rich, and Melissa Dilley were all in attendance.
Executive Leadership meeting - held on 09/19/18. Russ Duke and Melissa Dilley attended.

Melissa communicated with Dr. Rich via email on 09/20/18 and Dr. Watts via phone on 09/24/18.

- **District 6:** No RC meetings were held in September. An Executive Committee meeting was scheduled for September 26th but was rescheduled to October 3rd due to scheduling conflicts.
- **District 7:** Meeting held on September 13, 2018.

- **Issues and topics discussed:**

- **District 1:** QI Specialist update * Recap of last PCMH meeting, topics and information shared. * Update on Cohort Three clinic progress towards PCMH transformation and recognition. * Shared information regarding specialty practice recognition process and requirements. * Recap of last IIBHN meeting and date of upcoming meeting. SHIP Manager update. * Update on IHC transformation. * Update on post-SHIP document storage on BSU website. * Discussion on future RC meeting dates. Medical-Health Neighborhood - Community Health Improvement Plan and the areas of focus and progress in working towards goals. * Opioid Solution Symposium recap with workgroup work plan.
- **District 2:** Awaiting Doodle poll results to schedule next available date for RC2 meeting.
- **District 3:** There were no RC meetings in Sept. (BHI on 10/1, Oral Health on 10/4, and ED Utilization Summit on 8/28).
- **District 4:** CHC Executive Leadership meeting - 09.19.18 - CHC Executive Leadership Team discussed the agenda for the upcoming CHC meeting on Tuesday, October 2, 2018. The agenda will include the following topics and corresponding presenters: Medicaid Transformation/CHOICe update provided by Meg Hall with the Division of Medicaid and Lisa Hettinger with the Department of Health & Welfare; a Regional Collaborative Sustainability update from consultant Josh Bishop; and an update on the Pathways project and status of PacificSource CHE grant application from Melissa Dilley. The CHC will discuss the close-out of the Pathways Community Hub project, specifically as it relates to the most current Medicaid structure and concerns regarding the price of the Care Coordination Systems (CCS) software platform. Additional discussion items included the status of the SW Payment Reform Workgroup facilitated by Medicaid Program Manager, Julie Wall.
- **District 6:** None
- **District 7:** Idaho's Immunization Reminder Information System (IRIS); Medicaid services available and next steps. Discussion held on successful implementation of NCQA requirements, rates improved, or other PDSA's implemented in clinic to help facilitate best practices.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**

- Added Challis Area Health Center (CAHC) as a SHIP telehealth clinic. Their focus is tele-psych. They have started bi-weekly calls with Health Management Associates (HMA) and had an on-site technical assistance visit with HMA on October 31, 2018.
- Health Management Associates continues to meet with clinics as needed.

- ECHO Idaho continues their Opioid, and BH ECHO sessions. The number of SHIP PCMH cohort clinics enrolled and participating in ECHO learning collaboratives has increased from the last reporting period. Nearly 20 SHIP cohort clinics participate in ECHO sessions and another 20 have enrolled but have yet to participate. To increase engagement from PCMH cohort clinics, additional outreach and marketing activities have been proposed.
- **Next Steps:**
 - Continue to work with HMA, telehealth technical assistance contractor, to compile case study reports of the telehealth clinics with summary of lessons learned and key “how-tos.”



Community Health Workers:

- **Report Items:**
 - The Medication Adherence three-part webinar series was a success and had 70-90 participants for each session. The webinar series was recorded and linked to the [SHIP website](#) with other resources that were presented during the series. Considering a final webinar series covering Social Determinants of Health and where to find resources for housing, food, and transportation. This webinar series dependent on resources and timing.
 - Working closely with Idaho State University and the Division of Public Health for post-SHIP CHW training sustainability.
- **Next Steps:**
 - The CHW Alliance kick-off meeting will be November 13, 2018. The purpose of the alliance is to support the mission of the Idaho CHW Association and to work to promote and advance the CHW role with Idaho health partners and communities.

WORKGROUP REPORTS:



Community Health EMS (CHEMS):

- **Report Items:**
- **Activities:**
 - Webinars
 - The three-part *Medication Adherence* webinar was completed on October 24, 2018.
 - The next webinar will likely focus on improving a community’s ability to locate resources such as food, housing and transportation.
 - CEMT Training Program
 - The first cohort is expected to be completed in the next couple of weeks. Students are in the process of completing their final case study and presentation on chronic diseases. Most students have completed their optional modules and all students have been offered the opportunity to participate in a ride-along.

- The second cohort is well underway with 18 students. Initially the second cohort began with 24 students. Outreach to the six students who dropped the class revealed that students felt the course did not meet their expectations.
 - CHEMS: Moving Forward Post-SHIP
 - It has been suggested that CHEMS be transitioned to the Emergency Medical Services Advisory Council (EMSAC) for the following reasons: to ease data and report sharing and to increase information sharing by the council and workgroup so they can work more closely together.
 - The Bureau of EMS and Preparedness is in the process of hiring an employee devoted to leading the state’s CHEMS efforts.
 - The internal CHEMS Workgroup continues to meet every other Monday. Their activities include:
 - Regional Mentorship/Working Workgroup: see this group to fruition with the help of agencies that have begun development efforts.
 - CEMT Training
 - Planning efforts are underway to gather feedback from first and second cohort students and instructors through a focus group. The workgroup aims to meet in January 2019.
 - Continuation of the CEMT training and the Idaho State University (ISU) Community Paramedic Certificate Program is planned.
 - Upcoming webinars: Resource Location in Communities
 - Community Paramedic Program Evaluation Pilot Project:
 - Continue to develop the toolkit to meet the needs of providers throughout the state.
- **Next Steps:**
 - The next statewide CHEMS Workgroup meeting is tentatively scheduled for December 19, 2018.
 - Project Charter, Deliverable 3 – Develop and implement training program for EMTs (ILS and BLS) – **in progress**
 - First and second cohorts to be completed by January 2019.
 - Project Charter, Deliverable 4 – Establish CHEMS peer mentoring and/or technical assistance programs – **in progress**



Idaho Medical Home Collaborative:

- **Report Item:**
 - The Idaho Medical Home Collaborative did not meet in October 2018.



Data Governance:

- **Report Item:**
 - The Data Governance Workgroup (DGW) did not meet in October 2018.

MPW Multi-Payer:

- **Report Item:**

- Healthcare Transformation Council of Idaho (HTCI) update - Dr. Smith provided an update on the progress of the Idaho Healthcare Coalition (IHC) multi-stakeholder advisory body. After reminding the MPW of the importance of meeting the eleven functions identified in the charge of the HTCI.
- Discussion was held on the need of a workgroup or advisory body such as the MPW to continue after the end of the SHIP grant to develop and provide recommendations for alignment around a set of core measures.
- Core Metrics Discussion/Process – Co-Chair Norm Varin reminded the workgroup the scoring on the metrics survey indicates alignment as it exists today. It is an aggregation of HEDIS measures from the payers who responded to the survey and those measures are claims-based.
- The group discussed changing the charter to reflect the desire for an entity to continue this work encompassing the need to both reduce provider burden, create synergy, and create value with patients, providers and payers.

- **Next Steps:**

- Kym Schreiber asked if the payers could provide a one pager or paragraph describing each payer's resources for quality improvement. Given the grant ends in January, additional resources would be helpful to the providers who are trying to achieve accreditation. Ms. Schreiber will follow up with members via email individually.
- Casey Moyer and Cynthia York will continue to meet with individual payers over the next few months to discuss the core set of metrics, the commitment to the process and assess the ability of providers and payers to provide data.
- Ms. York will reach out to additional providers and continue to work with the provider community to drill down on the measures selected.
- Ms. York will work on a draft charter.
- The next meeting was set for Tuesday, November 6, 2018 from 3:00 to 4:30 PM.

BHI Behavioral Health:

- **Report Item:**

- The BHI Sub-Committee met last on Tuesday, September 4th.
- Gina provided an update of activities related to the BHI Sub-Committee Action Plan. The BHI Sub-Committee will focus on goals and tasks for the next three months from the Farley Health Policy Center Report for Behavioral Health, Organizing the Movement, Workforce, Finance and Care Delivery.
- The IIBHN is currently working on the 2nd Annual BHI Conference to be held in April 2019.

- The SHIP team provided the BHI Sub-Committee with an extensive update on the SHIP next steps, CHW/CHEMS, Telehealth and the Data Governance Workgroup.
- **Next Steps:**
 - The last BHI Sub-Committee meeting will be held on Tuesday, December 18th, 2018 from 9:00 am-11:00 am at PTC Building, 10^h floor conference room.



Population Health:

- **Report Item:**
 - The PHW met October 3, 2018.
 - Casey Moyer presented an update on the work of the Transformation Sustainability Workgroup which has been meeting to develop a charter and business case for the Healthcare Transformation Council of Idaho (HTCI). The revised charter and business case will be presented at the next IHC meeting.
 - Lachelle Smith gave a presentation on project ECHO Idaho, which connects specialty care providers with primary care practitioners around the state via teleECHO technology. With support from SHIP, ECHO has provided sessions on Opioid Addiction Treatment and Behavioral Health in Primary Care. Registration for a session on MAT opens in October.
 - Rachel Blanton gave a presentation on CHAT – Community Health Action Teams. The focus is on rural community health action teams and how to create more engagement in communities.